Healthcare development

Healthcare development in the former Soviet Union

A Bond, G Beresford

Lessons to learn in both directions

A journey on the Moscow Metro is a rich and mixed experience. The trains are efficient, and many of the stations provide staggering examples celebrating Russian design and architecture across the centuries. At Ploschad Revolyutsii station, bronze statues adorn each corner and alcove. They pay homage to the great ideals of Soviet society; the collective farmer, the soldier, the athlete, the proud mother of a small healthy family. A search for the depiction of those who care for the sick will be largely unsuccessful. Even in the medical and nursing schools the pictorial displays (mercifully now fading and being cleared away) are of triumphant performances of medically supported troops on the battlefield, as opposed to the care of those who are medically ill.

The Soviet system favoured closely monitored good health from cradle to grave. From the polyclinic (a kind of health centre, each one serving a few thousand people) to the Prikaz (a massive protocol driven tome) the emphasis was on being well and staying well. Collective life meant that the funding and construction of buildings was never a major problem. There emerged in each town a plethora of massive concrete hospitals, each devoted to its own area of medicine.

There was often little collaboration across disciplines, and many of these establishments ended up as institutions where the infirm were cared for long term, with a restricted range of therapeutic options.

Funding was never exceptional but always fairly reliable thanks to the collective communist approach. Health professionals, featuring a very high proportion of women, were regarded as distinctly “ordinary” members of society. This was perhaps not so much a demonstration of communism in action, more a manifestation of a difficulty with the acceptance of ill health in a would-be ideal society. This was never more evident than in the time of Stalin, when the drive to produce human perfection carried strong resonances of attitudes in far right Europe.

In the mid-1980s, perestroika turned Soviet eyes seriously to contemplate the outside world. In healthcare it was evident that many of the advances achieved in the 20th century in the West had gone unnoticed, mistrusted, or both. The Soviet health system was held back by a dictatorial hierarchy, non-evidence based protocols, and a progressive paucity of funding. This did not bode well for the forthcoming overwhelming social and political change.

When communism gave way to democracy, along with the collapse of many aspects of former Soviet life, the funding and public image of healthcare suffered further. It is ironic, though to a degree predictable, that in the years that have followed, indicators suggest that standards of health have become lower than previously. Alcohol related illness in males has become endemic, and, in direct relation, male life expectancy has decreased from around 68 to 61. AIDS has become prevalent, with illness in males has become endemic, and, in direct relation, male life expectancy has decreased from around 68 to 61. AIDS has become prevalent, with major attendant difficulties regarding education and treatment. The new, greater mobility of the population, especially in the military, has a strong influence here.

In the early 1980s, long-standing friends of the many Soviet republics saw the problems coming. New chari-
driven past. While it is true that the Prikaz (see above) is based more on opinion than evidence, it is significant that our colleagues need to be freed from these strictures in order better to help their patients. Encouraging confidence, lateral thinking, and individualisation of care against this background is proving difficult. There may be an important lesson here for us in the “sophisticated West”.

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